

**NOTICE OF SMALL CLAIM**

PLAINTIFF

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Henry Circuit Court No. 3  
1215 Race Street  
New Castle IN 47362  
(765) 529-6401 or 521-2554

DEFENDANT

CAUSE NO.

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO THE CLERK: Please summons the defendant (s) to appear in Court to answer this claim.

STATEMENT OF CLAIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wherefore Plaintiff asks judgment against the Defendant for \$\_\_\_\_\_, plus interest (if applicable) from \_\_\_\_\_ at the rate of \_\_\_\_\_% and the costs herein.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

**NOTICE TO APPEAR**

Defendant: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Defendant: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

The Plaintiff asks judgment in this Court against you for the sum above stated. You are to appear in the Henry Circuit Court No. 3 for a trial upon the Plaintiff's claim on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_. You may appear for the trial in person or you may appear with your attorney. You should bring to the trial, all documents in your possession or under your control, which relate to the Plaintiff's claim. If you do not wish to dispute the Plaintiff's claim, you may appear at the time stated, for the purpose of assisting the Court in establishing the method by which you will be directed to pay the judgment. If you do not appear for the trial at the time, on the date stated, a default judgment may be entered against you for the amount asked by the Plaintiff. You may request a jury trial. You will waive your right to a jury trial, unless requested within ten (10) days after receipt of the notice of claim. If your jury trial request is granted, you must pay within the (10) days the additional amount required by statute to transfer to the plenary docket or your request will be deemed waived. Once a jury trial request has been granted, it may not be withdrawn without the consent of the other party. Please read the attached instruction sheet.

\_\_\_\_\_  
CLERK, HENRY COUNTY